

the committee amendments LB 1058 into the bill, the original LB 1138 dealt with first responders and designating their activity in statute. And LB 1058, which the committee amendment adopted into the bill, upgraded the scope of practice of EMTs to include administering and maintaining IVs, as well as nonvisualized advanced airway management. There was some controversy on the first stage of debate about how much the bill, 1058, reflected the 407 recommendations through the Health Department. Senator Morrissey and I, and representation from Senator Rogers, and the Health Department, and the physicians, as well as the EMTs met and have reached an agreement on how we might proceed and bring together the goals of the bill with the concerns of the physician community with the skill level of the EMTs. That is what this amendment would accomplish. There are a number of provisions in it, but the essence of the changes that we are trying to accomplish here is to ensure ongoing skill levels of the EMTs that will be utilizing these additional scope of practice options of IVs and airway management. In the bill, as we amended it, competency of EMT's-AMs would be evaluated every six months. We, under this amendment, would reduce that to every three months so that every three months the medical director who would have responsibility over the EMT unit, would check the competency of those EMT members who are given that designation to be able to do IVs and airway management. In addition, we also designate that that physician medical director can't delegate that competency responsibility. They can't have a physician assistant checking them to see if they are able to do it or not. The physician themselves has got to do that to ensure that they know the skill level is there for those EMTs. In addition, there is to be a protocol established by each of the physician medical directors with EMTs, so the protocol being the process by which they carry out their duties under this legislation. The Health Department is required under this amendment to develop a model protocol for all the physicians who are going to take the role of medical director under one of these EMT units and they would establish minimum standards for those EMTs under the protocols, and the recertification process, and there we are talking about the number of times they would do IVs in practice. After they are given their certification, they would have an ongoing need to keep doing it to make sure their skill level is up there, and those protocols would establish those requirements, and the minimum standards on equipment and procedures, and minimum standards on infection control, patient care, and record keeping would all be a part of those model protocols. So in essence, that is what the amendment does. It